Recurrence of Mantle Cell Lymphoma Occurring in the Tracheobronchial Wall

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A 86-year-old man, who initially noticed a cervical tumor, was diagnosed with mantle cell lymphoma (MCL), clinical stage IV. Computed tomography (CT) showed multiple, variable-sized lymphadenopathies and multiple lesions of palpebra and liver, while there were no lung or bronchial abnormalities. Upon receiving chemotherapy treatment (rituximab monotherapy), complete remission was obtained and he was placed under observation.

Two years later, he presented with dyspnea and the CT showed a diffuse thickened bronchial wall (Picture 1, ar-
rows). His serum soluble interleukin-2 receptor (sIL-2R) level was extremely high. The thickness of the bronchus was diagnosed to indicate a recurrence of lymphoma and second-line chemotherapy (oral etoposide and prednisolone) were administered. His symptoms were improved and the thickness disappeared after chemotherapy (Picture 2). We diagnosed this case as MCL recurrence occurring in the tracheobronchial wall. Although malignant lymphoma can occur in various sites, development in the tracheal and bronchial walls is extremely rare (1, 2).

The authors state that they have no Conflict of Interest (COI).

References


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